



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 <i>Fees pursuant to the Consolidated Appropriations act, 2005 (H.R. 4818).)</i>		Docket No. A-6280 (191910-1750)	
Application Number: 09/736,661		Filed: December 14, 2000	
For: System and Method for Adaptive Video Processing with Coordinated Resource Allocation			
Art Unit: 2613		Examiner: An, Shawn S.	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fees</u>	<u>Small Entity Fees</u>
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$60 \$120.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450	\$225 \$
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020	\$510 \$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1590	\$795 \$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080 \$
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27		
<input type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input checked="" type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Commissioner is hereby authorized to charge any deficiencies in fees which may be required, or credit any overpayment to Deposit Account No. 20-0778.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the			
<input type="checkbox"/>	applicant/inventor.		
<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).		
<input type="checkbox"/>	attorney or agent of record. Registration Number:		
<input checked="" type="checkbox"/>	attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34: 34,367		
 _____ Jeffrey R. Kuester		_____ 5-11-06 Date _____ 770-933-9500 Telephone Number	

The collection of information is required by CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, US Patent and Trademark Office, US Department of Commerce, PO Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, PO Box 1450 Alexandria, VA 22313-1450.

05/16/2006 RMEBRANT 00000112 09736661

01 FC:1251

120.00 OP

<p style="text-align: center;">Effective on 12/08/2004 Fees Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <p style="text-align: center;">FEE TRANSMITTAL For FY 2005</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>TOTAL AMOUNT OF PAYMENT \$120.00</p>	<p style="text-align: center;">Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Application Number</td> <td>09/736,661</td> </tr> <tr> <td>Filing Date</td> <td>December 14, 2000</td> </tr> <tr> <td>First Named Inventor</td> <td>Rodriguez</td> </tr> <tr> <td>Examiner Name</td> <td>An, Shawn S.</td> </tr> <tr> <td>Art Unit</td> <td>2613</td> </tr> <tr> <td>Attorney Docket No.</td> <td>A-6280 (191910-1750)</td> </tr> </table>	Application Number	09/736,661	Filing Date	December 14, 2000	First Named Inventor	Rodriguez	Examiner Name	An, Shawn S.	Art Unit	2613	Attorney Docket No.	A-6280 (191910-1750)
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METHOD OF PAYMENT (check all that apply)

☐ Check
 ☒ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify):

☒ Deposit Account
 Deposit Account Number: **20-0778**
 Deposit Account Name: **Thomas, Kayden, Horstemeyer Risley, L.L.P.**
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s)
☒ Credit any overpayments

under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	Filing Fees		Search Fees		Examination Fees		Fees Paid (\$)
	Fee (\$)	Small Entity Fee(\$)	Fee (\$)	Small Entity Fee(\$)	Fee (\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0

2. EXCESSIVE CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee(\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
28	-20 or HP = 39	0	0			
HP = highest number of total claims paid for, if great than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
6	-3 or HP = 7	0	0			
HP = highest number of total claims paid for, if great than 3						

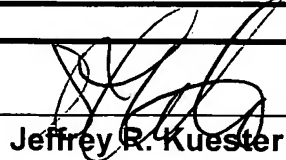
3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 USC 41(a)(1)(G) and 37 CFR 1.16(s)

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100 =	/50=	(round up to a whole number) x	=	

4. OTHER FEE(S)

	Fee Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other: 1 month extension	
	\$120.00

SUBMITTED BY		Complete (if applicable)	
Signature		Registration No. 34,367	Telephone Number 770-933-9500
Name: (Print/Type)	Jeffrey R. Kuester	Date:	5-11-06